

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023598

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 65 Primary Registration District No. 5254 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CHARITON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Triphett Township</b>		c. CITY OR TOWN <b>Mendon RFD</b>	
c. FULL NAME OF IF NOT in hospital, give location HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>FLETCHER CLAY Thomson</b>			4. DATE OF DEATH Month <b>JUNE</b> Day <b>18</b> Year <b>1963</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 18, 1900</b>	9. AGE (last birthday) <b>62</b>	10. IF UNDER 1 YEAR Months <b>11</b> Days <b>11</b> Hours <b>11</b> Min. <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (City and state or country) <b>HARDIN MO</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>FRANK Thomson</b>		13b. MOTHER'S MAIDEN NAME <b>GRACE Tinsley</b>	
14. NAME OF HUSBAND OR WIFE <b>Ivy Thomson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		16. SOCIAL SECURITY NO. <b>15 Ivy Thomson-Mendon MO</b>	
17. INFORMANT Address		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fibroid Heart</b> Chronic myocarditis DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>Chronic myocarditis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT - SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:30</b> a.m. <b>June 18-63</b> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>Brunswick MO</b>		COUNTY <b>MO</b>		STATE <b>MO</b>	

21. I attended the deceased from <b>Sept. 8th - 62</b> and last saw him alive on <b>June 17th 63</b> Death occurred at <b>3:30 A.M. June 18-63</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J. L. Fletcher</b> (Degree or title)		22b. ADDRESS <b>Brunswick MO</b>	
22c. DATE SIGNED <b>June 18/63</b> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>6/20/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>NEWCOMER</b>		23d. LOCATION (City, town, or county) <b>Mendon MO</b>		24. FUNERAL DIRECTOR <b>S. L. LEIPARD</b> ADDRESS <b>Mendon MO</b>	
25. DATE RECD. BY LOCAL REG. <b>June 20-1963</b>		26. REGISTRAR'S SIGNATURE <b>Dorrie Smith</b>			

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

JUN 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*A. L. Leisard*

Licensed Embalmer No.

3970

P. O. Address

Mendon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.